STATES PATENT AND TRADEMARK OFFICE IN TH

In re application of: Harri HURME, et al.

Serial No: 09/700,272 Filed: January 12, 2001

CIRCUIT AND METHOD FOR SIMULATION OF A

**TELEPHONE APPARATUS** 

RECE

NOV 1 5 2004

Technology Center 2600

Art Unit: 2644 Examiner:

**Daniel Swerdlow** 

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class

mail in an envelope addressed to: Mail Stop Amendment

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450, on

November 4, 2004

Date of Deposit John P. Seperlacher, Reg. No. 23,009

∕Signaty/re

11/04/04 Date

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

Small entity status has been claimed. See 37 CFR § 1.27.

A certified copy of \_\_ Patent Application No. \_\_ filed \_\_ from which priority is claimed under 35 U.S.C.

§ 119 is enclosed.

A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.

No additional fee is required.

The fee has been calculated as shown below.

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	10	-20	20	**	0	LG=\$18 SM=\$9	18	\$	0
INDEPENDENT CLAIMS FEE	2	-3	3	***	0	LG=\$86 SM=\$43	886	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS  LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145								\$	0
						тс	TAL	\$	0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.
- A check in the amount of \$\_-0- to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- A check in the amount of \$430 to cover the extension fee is enclosed. A copy of this sheet is 冈 enclosed.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
  - Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims 冈
  - Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted HOGAN & HARTSON L.L.P.

Date: November 4, 2004

Biltmore Tower

500 South Grand Avenue, Suite 1900

Los Angeles, California 90071 Telephone: 213 337-6700 Facsimile: 213 337-6701

John P. Scherlacher Registration No. 23,009 Attorney for Applicant(s)